NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES

POLICY AND PROCEDURE DIRECTIVE

SUBJECT: MONITORING TARDIVE DYSKINESIA

NUMBER: NN-PC-AS-04

ORIGINAL DATE: 07/03/91

REVIEW/REVISE DATE: 08/07/91, 07/03/95, 08/21/97, 01/03/02, 10/02/03, 11/02/06, 3/18/10

APPROVAL: Rosalyne Reynolds *{s}*, Agency Director

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I. PURPOSE

The purpose of this policy is to describe the process to be used to identify Tardive Dyskinesia in consumers receiving anti-psychotic medication and to follow its course.

II. POLICY

It is the policy of Northern Nevada Adult Mental Health Services (NNAMHS) to monitor those consumers at risk for Tardive Dyskinesia.

III. DEFINITION

Tardive Dyskinesia is a condition occurring in neuroleptic treated consumers characterized by a mixture of orofacial dyskinesias, tics, facial grimacing, truncal or axial muscle involvement, chorea (irregular spasmodic involuntary movements), athetosis (irregular slow purposeless involuntary movements) and dystonias (a state of abnormally increased muscle tension or tone).
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IV. PROCEDURE

1. All consumers treated at any facility with qualifying neuroleptic medication for longer than six (6) months will receive at least annual exams for Tardive Dyskinesia using the Abnormal Involuntary Movement Scale (AIMS) (copy of form attached).
2. Inpatient AIMS examinations may be done by the physician or can be ordered by the treating physician by entering an order on the physician's order sheet. Inpatients will have the AIMS examination administered by trained Psychiatric Registered Nurse IIs. All consumers on qualifying neuroleptic medication for longer than six (6) months will receive an AIMS evaluation prior to discharge, unless an AIMS examination has been done within the last six (6) months. Long term inpatients will be evaluated semiannually.
3. Outpatient AIMS examinations will be done at least annually on all consumers receiving qualifying neuroleptic medication for longer than six (6) months.
4. All consumers undergoing decreased dosage taper of qualifying neuroleptic medication will receive an AIMs evaluation at least once every six (6) months until dosage has been stabilized.
5. Staff in the inpatient and outpatient departments who have been pre-trained to perform the AIMS examination will administer the examination and send the AIMS form back to the physician for signature (manual or electronic).
6. The examination results will become a part of the permanent consumer record.
7. If the AIMS examination supports the diagnosis of Tardive Dyskinesia, the psychiatrist will document in a progress note the reasons for continuing neuroleptic treatment and that the consumer participated fully in a discussion of the risks and benefits of this treatment. The diagnosis of Tardive Dyskinesia will be added to the problem list and the consumer will sign the consent for treatment.

8. The risk for Tardive Dyskinesia due to ongoing use of qualifying neuroleptic medication and the method of AIMS examination to monitor incidence of Tardive Dyskinesia will be entered on the treatment plan and the consumer will be fully informed prior to signing the consent for medication and the treatment plan.
9. Routine monitoring for Tardive Dyskinesia in those at risk will be subject to medical staff peer review.